Progress Notes

PID: 696157 **Intake:** 1612041
Facility Code: CFCF **Housing Area:** ,B1POD4,07,1
Patient: JONES, KENYADA
DOB: 09/21/1970 **Age:** 45 Y **Sex:** Male
Phone:
Address:

Provider: Behavioral Health Social Worker
Date: 07/02/2016

Subjective:

1. IM seen for an emergency referral. IM reports " I have been here for over a week, and I know my meds were bridge ordered and I have not gotten any." LSW contacted medical and was informed that the IM's order had not been taken off and a MARS had not been created. However the nurse for unti B1-4 Ms. Knots states she will make sure that the IM receives his meds this day..

HPI:

Medical History: HX HTN BP 126 / 78 - NORVASC 5 MG. /QD LAST TAKEN YESTERDAY, HX KIDNEY FAILURE - NOT TAKING MEDS / NOT ON DIALYSIS (I/M NONCOMPLIANT), I/M STATES HE HAS CANCER SPREAD ALL OVER HIM (I/M HAS MULTIPLE BOILS IN B/L AXILLA) AS PER I/M THESE ARE CANCEROUS NOT SEEKING ANY MEDICAL , HX SCHIZOPHRENIA, MANIC DEPRESSION , MOOD SWINGS - ZYPREXA 5 MG, DEPEKOTE 500 MG , COGENTIN, HALDOL . BENADRYL - LAST DOSE 2DAYS AGO, DENIES DRUGS / ALCOHOL USE.

Family History:

Social History:

Medications: None

Allergies: Lisinopril: shortness of breath: Allergy, HYDROmorphone HCl PF: shortness of breath: Allergy.

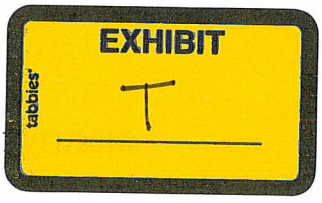
Objective:

Past Orders:

Examination:

BH Suicide Risk Evaluation:

- Reason for Suicide Risk/Assessment
  - Date of Assesment *07/02/2016*
  - Reason for Suicide Risk Assessment? *Emergency Referral*
  - Prior Suicide Risk Evaluation Reviewed *Yes*
- Protective Factors
  - Family Support *Yes*
  - Support from spouse/significant other *No*
  - Role in caring for children or dependents *No*
  - Positive, supportive peer relations *No*
  - Strong protective spiritual/religious beliefs *Yes*
  - Realistic future orientation and plans *Yes*
  - Positive goal orientation *Yes*
  - High school or greater level of education *Unable/Unwilling to answer*
  - Treatment compliance *N*
  - Positive coping skills (describe below) *No*
- Historical (Static) Risk Factors
  - Family/close friends history of suicide *No*
  - Prior suicidal/self injurious behavior *No*
  - Prior suicidal/self injurious ideation *No*
  - History of substance abuse *Yes*
  - Description, details and dates *" I have done all of them."*
  - History of physical or sexual abuse *No*
  - Prior conviction for L and L acts with a child *No*
  - History of severe impulsivity *No*
  - History of mental illness/psychiatric treatment *Yes*
  - Description, details and dates *Schizoaffective*
  - Cluster B Personality Traits *No*



Clinical (Current Dynamic) Risk Factors Behavioral
Recent suicidal/self injurious behavior *No*
Recent/current impulsivity *No*
Suicide notes/giving belongings away *No*
Recent assaultive/violent behavior *No*
Clinical Risk Factors Ideation/Thought Content/Perception
Premeditated, lethal plan/behavior *No*
Auditory command hallucinations *No*
Lack of future orientation or plans *No*
Recent suicidal/self injurious ideation *No*
Belief that death will bring relief *No*
Fixed determination to harm/kill self *No*
Rigid, all or nothing thinking *No*
Fatalistic delusions or fantasies *No*
Clinical (Current Dynamic) Risk Factors Negative Factors
Treatment noncompliance *No*
Sudden calm following suicide attempt *No*
Clinical (Current Dynamic) Risk Factors Depressive/Mood
Patient endorses hopelessness and/or helplessness *No*
Patient appears hopeless/helpless *No*
Affective instability or lability *No*
Intense turmoil, agitation, anxiety, anguish or despair *No*
Feelings of worthlessness *No*
Shame, threat to self esteem, or guilt *No*
Social withdrawal atypical for inmate *No*
Elevated anger, hostility or alienation *No*
Fearfulness regarding safety *No*
Situational (Current Dynamic) Risk Factors
High profile/heinous/shocking crime *No*
First jail/prison sentence *No*
Recent incarceration *Yes*
Description, details and dates *VOP*
Recent loss, rejection or separation *No*
Anxiety or depression related to inability to make phone calls *No*
Support system refusing to pay bail *No*
Recent parole violation/new charge *No*
New disciplinary charge or sanctions *No*
Potential for long/life sentence *No*
Recent negative court hearing results *No*
Signs of withdrawal/detoxification *No*
Chronic, serious or terminal illness *No*
Single cell placement *No*
Administrative/disciplinary segregation *No*
Other recent bad news *No*
Trauma or sexual/physical abuse in facility *No*
Conflicts with peers/others *No*
Clinican's Impression *IM emergency referral with a history of MH.*
Inconsistencies
Inconsistencies in risk factors as reported by IM referral source, IM, IMS, IBHE, PARS, verbal reports from staff and/or other screening tools *No*
Risk Assessment
Review- Assessment for Current Risk (if MSW immediately refer to MD/NP if Moderate or High Risk) *Low*
Are you a psychiatrist or nurse practitioner? *No*

Assessment:

Assessment:

I/M denies any SI/HI. IM is a 45 y/o AA male seen for an emergency referral. IM presented with a low affect, yet oriented x3, very cooperative and calm. IM reports not receiving his medication and is concerned about the " voices coming back." IM appeared lucid and was able to engage in a logical and coherent conversation regarding his MH treatment. IM denies current S/I, H/I, A/H, V/H. IM will receive his meds that have been

bridged according to nurse Knotts. No acute MH needs this day...

Plan:

Immunizations:

Therapeutic Injections:

Labs:

Preventive:

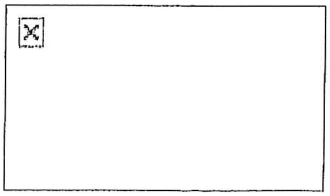
Disposition:

Disposition: No acute intervention needed

Provider: Behavioral Health Social Worker
Patient: JONES, KENYADA **DOB:** 09/21/1970 **Date:** 07/02/2016

Addendum:

07/02/2016 04:53 PM Harris-White, Deborah > Ms. Knotts states that IM did not have a MAR in the book and requested that the Sw contact triage to have them make up a MAR. However LSW became busy with other MH emergencies and was not able to inform triage.



Electronically signed by Deborah Harris-White LSW MHM on 07/02/2016 at 09:52 AM EDT
Sign off status: Completed